								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI Effective January 1, 2003								1837,1004					
		CLAIMS AS	FILED - (Column					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			31					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			3\ minus 20=		*			X\$ 9=		OR	X\$18=	198	
INDEPENDENT CLAIMS			() mi	nus 3 =	* '7			X42=		OR	X84=	588	
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=		
* If the difference in column 1 is			less than zero, enter "0" in column 2			column 2	Ļ	TOTAL		OR	TOTAL	1536	
	CLAIMS AS AMENDED - PART II									•	OTHER	THAN	
	(Column 1) (Column 2) (Colum CLAIMS HIGHEST							SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		i		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	·	=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	 	1	+280=		
								TOTAL	 	OR	TOTAL		
								DDIT. FEE	L	OR	ADDIT. FEE	<u> </u>	
	*	(Column 1) CLAIMS		(Colui		(Column 3)	-		ADDI	1		ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	· · · · · ·	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>	П	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM [\	+140=		OR	+280=		
	14 10 13 10							TOTAL		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	$\mid \mid \mid$	X42=		OR	X84=	<u> </u>	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN'	T CLAIM		I -	. 4.40		OR	.000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE													
		nber Previously Pa					er foun	d in the a	opropriate bo	x in co	olumn 1.		